Attorney Docket No.

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I declare that:

- My residence, post office address and citizenship are as stated below next to my name.
- I believe I am the original, first and sole/joint inventor of the subject matter which is claimed and for which a patent is sought on an application for patent entitled: MEDICINAL USE OF MIP-3α INHIBITOR AND METHOD OF SCREENING BRAIN/NERVE CELL PROTECTIVE AGENT

the specification of which:

a. 🔀 is attached hereto; or

b. was filed on March 4, 2004 as U.S. Patent Application Number or PCT International Application Number PCT/JP2004/002774, and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed:

Application Number(s)	Country	Filing Date
056885/2003	Japan	04/03/2003
106247/2003	Japan	10/04/2003
Foreign application(s)	, if any, filed before the	priority application(s)
Application Number(s)	Country	Filing Date

I hereby claim the benefit under 35 U.S.C. 120/365 of any United States and PCT international application(s) listed below.

L	U.S. Application Number	Date of Filing	Status (patented, pending, abandoned)
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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

U.S. Provisional Application Number	Date of Filing

I hereby appoint:

the attorneys and patent agents associated with Customer Number 52835 to prosecute this application and to transact all business in the United States Patent and Trademark Office connected herewith.

I hereby authorize them to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct Hamre, Schumann, Mueller & Larson, P.C. to the contrary.

I understand that the execution of this document, and the grant of a power of attorney, does not in itself establish an attorney-client relationship between the undersigned and the law firm of Hamre, Schumann, Mueller & Larson, P.C., or any of its attorneys.

Please direct all correspondence to:

Hamre, Schumann, Mueller & Larson, P.C. P.O. Box 2902 Minneapolis, MN 55402 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	Inventor	Family Name, First Given Name, Second Given Name	
2	Inventor	SHINTANI, Yasushi	
0			
1	Residence & Citizenship	City	Country of Citizenship
Ì	Citizensinp	Osaka-shi	Jaman
		State or Foreign Country Japan	Japan
	Mailing Address	Japan	
	c/o Takeda Phar	maceutical Company Limited, 17-85, Jusohonmachi 2-	chome, Yodogawa-ku,
	Osaka-shi, Osak	a 532-8686 Japan	-
	Signature of Inventor	201	Date:
		Jane 1	August 17, 2005
	Full Name Of Inventor	Family Name, First Given Name, Second Given Name	
2 0		OHTA, Hiroyuki	
2	Residence &	City	Country of Citizenship
	Citizenship	Osaka-shi	
		State or Foreign Country	Japan
	34	Japan	
	Mailing Address		
	c/o Takeda Phar	maceutical Company Limited, 17-85, Jusohonmachi 2-	chome Yodogawa-ku
	Osaka-shi, Osak	a 532-8686 Japan	onome, rouogawa ka,
	Signature of Inventor	1 Siroyuhi Ohia	Date:
i		1 Trogues Oma	August 17, 2005
	Full Name Of Inventor	Family Name, First Given Name, Second Given Name	
2		TERAO, Yasuko	
3	Residence &	City	0 000
	Citizenship	Osaka-shi	Country of Citizenship
		State or Foreign Country	Japan
		Japan	-
	Mailing Address		
	/ m 1 · »:		
	c/o Takeda Phar	maceutical Company Limited, 17-85, Jusohonmachi 2-	chome, Yodogawa-ku,
	Usaka-shi, Usak	a 532-8686 Japan	
	Signature of Inventor	203	Date:
	-	Y/311/00 767AD	August 17 2005

Residence & City Osaka-shi State or Foreign Country Japan Mailling Address c/o Takeda Pharmaceutical Company Limited, 17-85, Jusohonmachi 2-chome, Yodogawa-ku, Osaka-shi, Osaka 532-8686 Japan	Full Name Of Inventor	Family Name, First Given Name, Second Given Name	
Osaka-shi State or Foreign Country Japan Mailing Address c/o Takeda Pharmaceutical Company Limited, 17-85, Jusohonmachi 2-chome, Yodogawa-ku.		KITUIA, YOSNINIFO	
Osaka-shi State or Foreign Country Japan Mailing Address c/o Takeda Pharmaceutical Company Limited, 17-85, Jusohonmachi 2-chome, Yodogawa-ku.	Residence &	City	Country of Citizenship
Japan Mailing Address c/o Takeda Pharmaceutical Company Limited, 17-85, Jusohonmachi 2-chome, Yodogawa-ku.	Citizenship	Osaka-shi	
Mailing Address c/o Takeda Pharmaceutical Company Limited, 17-85, Jusohonmachi 2-chome, Yodogawa-ku.		State or Foreign Country	Japan
c/o Takeda Pharmaceutical Company Limited, 17-85, Jusohonmachi 2-chome, Yodogawa-ku.		Japan	
	Mailing Address		
	Osaka-shi, Os	saka 532-8686 Japan	onmachi 2-chome, Yodogawa-ku,
Signature of Inventor 203 Date: August 17, 2005	Osaka-shi, Os	saka 532-8686 Japan tor 203	